LIKEBAGE TO ASSE MISSOURI STATE BOARD OF DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH 17-39 X26390 Registration District No. Primary Registration District No., Registrar's No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED: Cole (a) State Missouri (a) County..... Cole (b) County... Jefferson City Route (If outside city or town limits, write "RURAL" and name of township) Rural (c) Name of hospital or institution: (If outside city or town limits, write (d) Street No ... (If not in hospital or institution, write street number or location) PERMANENT (If rural, give location) (d) Length of stay: In hospital or institution..... Citizen of foreign country? (Yes or No) In this community..... vears years, months or days) If yes, name country CERTIFICATION 3. (a) PRINT FULL NAME BERNARD RODEMANN 20. DATE OF DEATH: Month... 3. (b) If veteran. 3. (c) Social Security INK-MAKE XX name war..... I hereby certify that I attended leceas 5. Color or 6. (a) Single, widowed, married divorced Married raceWhite 4 Ser Male and that death occurred on 6. (b) Name of husband or wife..... ..... 6. (c) Age of husband or wife it Duration Bernadine Rademann : alive.... -USE UNFADING BLACK 1882 7. Birth date of deceased ..... (Month) (Day) (Year) 8. AGE: Vears Months If less than one day Days .hr. .....min. Germany 9. Birthplace\_ (State or foreign country) (City, town, or county) Farming Other conditions. 10. Usual occupation (Include pregnancy within 3 months of death) Farming 11. Industry or business. PHYSICIAN Major findings: John Rademann Of operations. WRITE PLAINLY Underline the cause to which death (State or foreign country) 13. Birthplace..... should be 14. Maiden name...... charged statistically. Germany 🗸 15. Birthplace. 22. If death was due to external causes, fill in the following: (State or foreign country) (a) Accident, suicide, or homicide (specify)..... Lawrenc∉e Rademann 16. (a) Informant... (b) Date of occurrence...... Jefferson. (b) Address... 6/18/41 (c) Where did injury occur?..... (b) Date thereof. 17. (a) .. (City or town) (County) (State) (Month) (Day) (Year) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (c) Place: burial or cremation Staret ۰, (Specify type of place)

(e) Mgans of injury 18. (a) Signature of funeral director on (b) Address. (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER	
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by	
	, Registered Apprentice No
working under my personal supervision.	
	Signed Cellert to Oblite
	Licensed Embalmer No4/68

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWITTING. (Failure to comply wit above constitutes grounds for revocation of license.) the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.